

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
MONTHLY COBRA PREMIUM RATES
JULY 1, 2006 TO JUNE 30, 2007
RETIREE PLANS

BENEFIT PLAN	TYPE OF COVERAGE	COBRA PREMIUM
HMSA Medicare Medical Plan	Single	\$203.12
	Family	\$665.73
HMSA Non-Medicare Medical Plan	Single	\$320.01
	Family	\$894.78
Kaiser Medicare Medical Plan	Single	\$165.97
	Family	\$497.84
Kaiser Non-Medicare Medical Plan	Single	\$353.45
	Family	\$1,060.31
HDS Dental Plan	Single	\$29.62
	Family	\$59.24
VSP Vision Plan	Single	\$4.75
	Family	\$10.19